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4 DATE OF BIRTH
27 05 1969
dd mm yyyy

5 NATIONALITY
Bulgarian

Issuing organisation

6 NAME OF THE ORGANISATION *
Professional High School of Tourism "
Asen Zlatarov"

7 DOCUMENT NUMBER *
2024-1-BG01-KA121-SCH-
000214782

8 ISSUING DATE *
29 11 2024
dd mm yyyy

Sending partner

9 NAME AND ADDRESS *
Professional High School of Tourism " Asen Zlatarov"
Bogomil 75
4000 Plovdiv
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11 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR *
Dodova, Katerina Borisova

13 TITLE/POSITION

Principal



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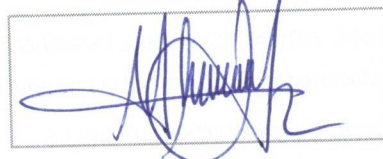
14 E-MAIL

katerina_dodova@abv.bg

Host partner

15 NAME AND ADDRESS *
Corlu Borsa Istanbul Fen Lisesi
Zafer, Bülent Ecevit Blv. Pk:59860, 59000 Çorlu/Tekirdağ, Турция

16 STAMP AND/OR SIGNATURE



18 TELEPHONE
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20 E-MAIL

sibel_yuruk4@yahoo.com

17 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR *
MUSTAFA TÜRK

19 TITLE/POSITION

Principal

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Europass Mobility is a standard European document, which records details of the contents and the results - in terms of skills and competences or of academic achievements - of a period that a person of whatever age, educational level and occupational status has spent in another European country (UE/EFTA/EEA and candidate countries) for learning purposes.

Description of the mobility experience

21 OBJECTIVE OF THE MOBILITY EXPERIENCE *

Enhanced Cultural Understanding and Exchange, Improved Communication and Collaboration in English, creating mini-projects on a given topic to develop skills such as critical thinking, problem -solving and innovative solutions. Professional and personal growth, exchange of knowledge and good practice.
These objectives align with promoting global citizenship, educational enrichment, and collaborative learning.

22 EDUCATION OR TRAINING INITIATIVE IN THE COURSE OF WHICH THE MOBILITY EXPERIENCE WAS COMPLETED

Group mobility activities, school education for accredited schools

23 COMMUNITY OR MOBILITY PROGRAMME INVOLVED

Erasmus +, Group mobility activities - school education

DURATION OF THE EUROPASS MOBILITY EXPERIENCE

24 FROM * 25 11 2024
dd mm yyyy

25 TO * 29 11 2024
dd mm yyyy

Skills acquired during the mobility experience

26A ACTIVITIES/TASKS CARRIED OUT *

Within the group mobility, the participants gained confidence in mixing different teaching methods, developed their own lesson plans enriched with new tools and strategies, which will positively affect their work experience and professional effectiveness.
E.g. Teamwork - Project work in small groups. Group Research and Planning Sessions. Students divide into teams to research travel logistics, accommodation, cultural activities, and itinerary options at the partner school's location.
Learning walk- City tour- Learning-by-doing method, Guided Observation, Note-taking and Reflection
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Practice speaking and understanding a foreign language, enhancing professional communication abilities.

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Mastered specific software products, These skills ensure participants are well-prepared for both educational and professional challenges in the digital era.

30A ORGANISATIONAL / MANAGERIAL SKILLS

Mastered time management and alignment of priority tasks.

31A COMMUNICATION SKILLS

Excellent communication skills in a team.

32A OTHER SKILLS

Replace with text

33A DATE *

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35A SIGNATURE OF THE HOLDER

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1 SURNAME(S) *	2 FIRST NAME(S) *	3 ADDRESS
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4 DATE OF BIRTH	5 NATIONALITY	
22 02 1989	Bulgarian	
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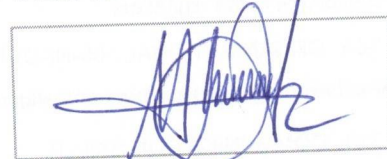
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PERSON/MENTOR *



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Dodova, Katerina Borisova

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Principal

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katerina_dodova@abv.bg

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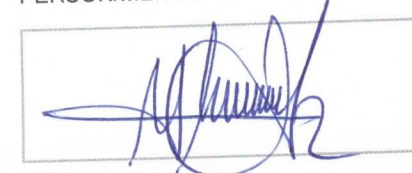
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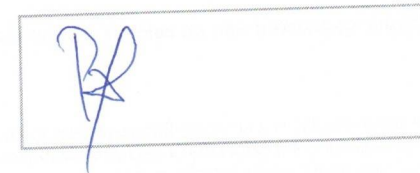
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34A SIGNATURE OF THE REFERENCE PERSON/MENTOR *



35A SIGNATURE OF THE HOLDER



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4 DATE OF BIRTH	5 NATIONALITY	
01 08 2008 dd mm yyyy	Bulgarian	

Issuing organisation

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Professional High School of Tourism " Asen Zlatarov"	2024-1-BG01-KA121-SCH- 000214782	29 11 2024 dd mm yyyy

Sending partner

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11 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR *	12 TELEPHONE
Dodova, Katerina Borisova	+359 88 429 7070
13 TITLE/POSITION	14 E-MAIL
Principal	katerina_dodova@abv.bg

Host partner

15 NAME AND ADDRESS *	16 STAMP AND/OR SIGNATURE
Corlu Borsa Istanbul Fen Lisesi Zafer, Bülent Ecevit Blv. Pk:59860, 59000 Çorlu/Tekirdağ, Турция	
17 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR *	18 TELEPHONE
MUSTAFA TÜRK	0282 673 6950
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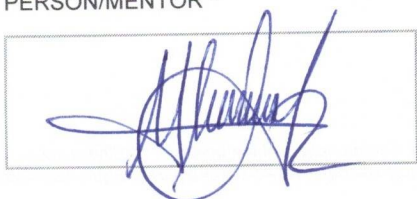
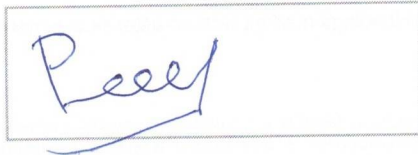
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Kovacheva	Raya Blagova	27 Str, 34
4 DATE OF BIRTH	5 NATIONALITY	Kurtovo Konare
16 11 2008	Bulgarian	Bulgaria
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DURATION OF THE EUROPASS MOBILITY EXPERIENCE

24 FROM * 25 11 2024 25 TO * 29 11 2024
dd mm yyyy dd mm yyyy

Skills acquired during the mobility experience

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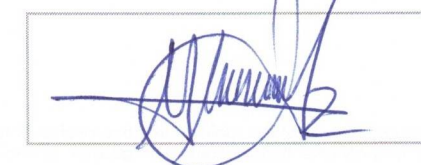
32A OTHER SKILLS

Replace with text

33A DATE *

29 11 2024
dd mm yyyy

34A SIGNATURE OF THE REFERENCE PERSON/MENTOR *



35A SIGNATURE OF THE HOLDER



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5 NATIONALITY
Bulgarian

Issuing organisation

6 NAME OF THE ORGANISATION *
Professional High School of Tourism "
Asen Zlatarov"

7 DOCUMENT NUMBER *
2024-1-BG01-KA121-SCH-
000214782

8 ISSUING DATE *
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Sending partner

9 NAME AND ADDRESS *
Professional High School of Tourism " Asen Zlatarov"
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4000 Plovdiv
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10 STAMP AND/OR SIGNATURE


11 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR *
Dodova, Katerina Borisova

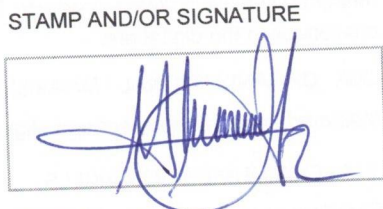
12 TELEPHONE
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14 E-MAIL
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Host partner

15 NAME AND ADDRESS *
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17 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR *
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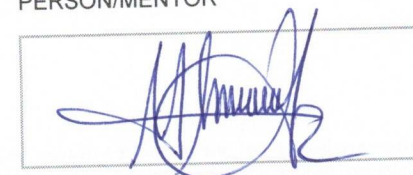
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PERSON/MENTOR *



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Holder of the document

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4 DATE OF BIRTH
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dd mm yyyy

5 NATIONALITY
Bulgarian

Issuing organisation

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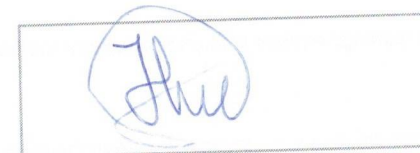
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Issuing organisation

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14 E-MAIL

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Holder of the document

1 SURNAME(S) *	2 FIRST NAME(S) *	3 ADDRESS
Grozdanov	Vasil Yordanov	Studenets 6, fl.2, ap. 12 4000 Plovdiv Bulgaria
4 DATE OF BIRTH	5 NATIONALITY	
12 11 1990	Bulgarian	
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13 TITLE/POSITION	14 E-MAIL
Principal	katerina_dodova@abv.bg

Host partner

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Corlu Borsa Istanbul Fen Lisesi Zafer, Bülent Ecevit Blv. Pk:59860, 59000 Çorlu/Tekirdağ, Турция	
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4 DATE OF BIRTH
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dd mm yyyy

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Bulgarian

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1 SURNAME(S) *	2 FIRST NAME(S) *	3 ADDRESS
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4 DATE OF BIRTH	5 NATIONALITY	
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32A OTHER SKILLS

Replace with text

33A DATE *

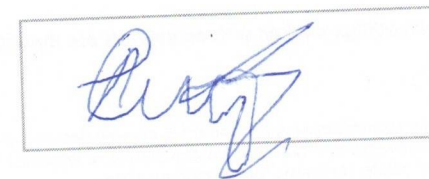
29 11 2024

dd mm yyyy

34A SIGNATURE OF THE REFERENCE
PERSON/MENTOR *



35A SIGNATURE OF THE HOLDER



Holder of the document

1 SURNAME(S) *	2 FIRST NAME(S) *	3 ADDRESS
Georgieva	Nikoleta Dimitrova	Klokotnitsa Str. 30A, fl.2
4 DATE OF BIRTH	5 NATIONALITY	4000, Plovdiv
10 11 2008	Bulgarian	Bulgaria
dd mm yyyy		

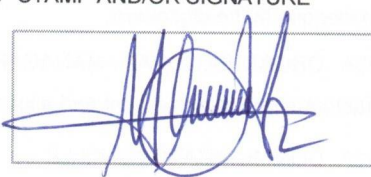
Issuing organisation

6 NAME OF THE ORGANISATION *	7 DOCUMENT NUMBER *	8 ISSUING DATE *
Professional High School of Tourism "Asen Zlatarov"	2024-1-BG01-KA121-SCH-000214782	29 11 2024
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Sending partner

9 NAME AND ADDRESS *	10 STAMP AND/OR SIGNATURE
Professional High School of Tourism "Asen Zlatarov" Bogomil 75 4000 Plovdiv Bulgaria	
11 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR *	12 TELEPHONE
Dodova, Katerina Borisova	+359 88 429 7070
13 TITLE/POSITION	14 E-MAIL
Principal	katerina_dodova@abv.bg

Host partner

15 NAME AND ADDRESS *	16 STAMP AND/OR SIGNATURE
Corlu Borsa Istanbul Fen Lisesi Zafer, Bülent Ecevit Blv. Pk:59860, 59000 Çorlu/Tekirdağ, Турция	
17 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR *	18 TELEPHONE
MUSTAFA TÜRK	0282 673 6950
19 TITLE/POSITION	20 E-MAIL
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DURATION OF THE EUROPASS MOBILITY EXPERIENCE

24 FROM *	25 11 2024	25 TO *	29 11 2024
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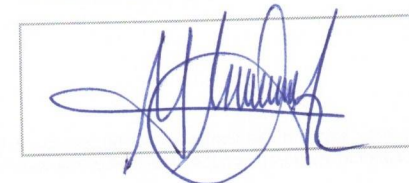
32A OTHER SKILLS

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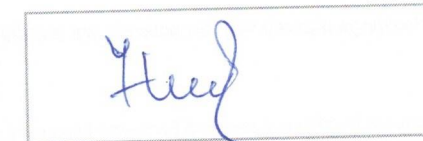
33A DATE *

29 11 2024
dd mm yyyy

34A SIGNATURE OF THE REFERENCE PERSON/MENTOR *



35A SIGNATURE OF THE HOLDER



Holder of the document

1 SURNAME(S) *	2 FIRST NAME(S) *	3 ADDRESS
Ivtiminova	Yulia-Ana Stoyanova	Bugarievo 29, fl.3, ap.53
4 DATE OF BIRTH	5 NATIONALITY	4000, Plovdiv
08 10 2006	Bulgarian	Bulgaria
dd mm yyyy		

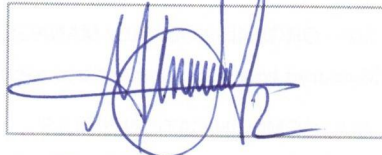
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Dodova, Katerina Borisova	+359 88 429 7070
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Principal	katerina_dodova@abv.bg

Host partner

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24 FROM * 25 11 2024 TO * 29 11 2024

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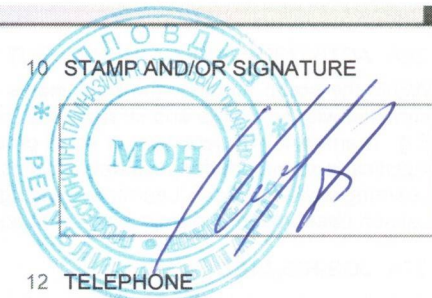
Holder of the document

1 SURNAME(S) *	2 FIRST NAME(S) *	3 ADDRESS
Grigorova	Viktoria Aleksandrova	Ekzarh Yosif Str. 18, entr.A, fl.3, ap.7 4000, Plovdiv Bulgaria
4 DATE OF BIRTH	5 NATIONALITY	
28 05 2007 dd mm yyyy	Bulgarian	

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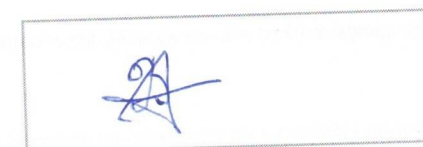
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PERSON/MENTOR *



35A SIGNATURE OF THE HOLDER



Holder of the document

1 SURNAME(S) *	2 FIRST NAME(S) *	3 ADDRESS
Peeva	Rositsa Petkova	Trakia 222, fl.2, ap.6 4000, Plovdiv Bulgaria
4 DATE OF BIRTH	5 NATIONALITY	
01 10 1962 dd mm yyyy	Bulgarian	

Issuing organisation

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Bogomil 75
4000 Plovdiv
Bulgaria

11 SURNAME(S) AND FIRST NAME(S) OF REFERENCE PERSON/MENTOR *
Dodova, Katerina Borisova

13 TITLE/POSITION

Principal

10 STAMP AND/OR SIGNATURE


12 TELEPHONE
+359 88 429 7070

14 E-MAIL

katerina_dodova@abv.bg

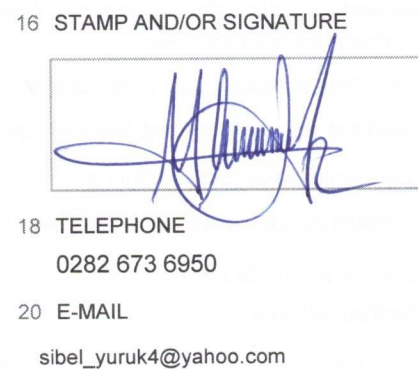
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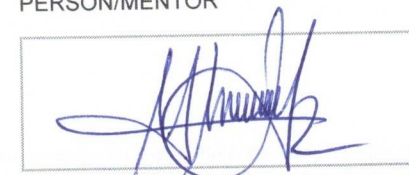
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